

PREPARE ORIGINAL + 1

(For TSD use only)

SHOP WORK REQUEST

Technical Support Department

TO: Director, Technical Support Department

TSD JOB NUMBER

NAME OF REQUESTOR (PRINT OR TYPE)

DEPARTMENT

PHONE EXT.

DATE OF REQUEST

TITLE OF JOB

COURSE NUMBER

DESIRED COMPLETION DATE

CATEGORY OF WORK

☐ FACULTY R&D

☐ LABORATORY SUPPORT

☐ VIP

☐ MIDSHIPMEN PROJECTS

☐ MAINTENANCE

☐ OTHER

☐ TRIDENT PROJECTS

☐ GENERAL SUPPORT

☐ NON-DIVISION

JOB ORDER NUMBERS

LABOR:

MATERIALS:

URGENCY

JOB DESCRIPTION

COMMENTS

SIGNATURE OF REQUESTOR

INITIALS OF DEP. CHRMN.

INITIALS TSD ESTIMATOR

DATE

INIT. DIR. TSD

ACTION

☐ IMMEDIATE

☐ ROUTINE

☐ DEFER

☐ DISAPPROVE

☐ PW DEPT.

☐